

United States Bankruptcy Court for the:

District of South Carolina

Case number (If known): _____ Chapter you are filing under:

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

 Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

Crate Holdings LLC

2. All other names debtor used in the last 8 years

Crate Holdings Ammo

The Ammo Crate

Include any assumed names, trade names, and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN)

86-2187243

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

481 Highway 9 E #B

Number Street

Number Street

Longs SC 29568

City State ZIP Code

Number Street

P.O. Box

City State ZIP Code

Horry County

County

Location of principal assets, if different from principal place of business

Number Street

Number Street

City State ZIP Code

5. Debtor's website (URL)

crateholdingsammo.com

6. Type of debtor

 Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify: _____

Debtor	Crate Holdings LLC Name _____		Case number (<i>if known</i>) _____
7. Describe debtor's business			
<p><i>A. Check one:</i></p> <p><input type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A)) <input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) <input type="checkbox"/> Railroad (as defined in 11 U.S.C. § 101(44)) <input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A)) <input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6)) <input type="checkbox"/> Clearing Bank (as defined in 11 U.S.C. § 781(3)) <input checked="" type="checkbox"/> None of the above</p>			
<p><i>B. Check all that apply:</i></p> <p><input type="checkbox"/> Tax-exempt entity (as described in 26 U.S.C. § 501) <input type="checkbox"/> Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3) <input type="checkbox"/> Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))</p>			
<p><i>C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See http://www.naics.com/search/.</i></p> <p style="text-align: center;"><u>459110</u></p>			
8. Under which chapter of the Bankruptcy Code is the debtor filing?			
<p><i>Check one:</i></p> <p><input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11. <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).</p> <p><input checked="" type="checkbox"/> The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).</p> <p><input type="checkbox"/> A plan is being filed with this petition.</p> <p><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).</p> <p><input type="checkbox"/> The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the <i>Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11</i> (Official Form 201A) with this form.</p> <p><input type="checkbox"/> The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.</p> <p><input type="checkbox"/> Chapter 12</p>			
<p>9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?</p> <p>If more than 2 cases, attach a separate list.</p>			
<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. District _____ When _____ Case number _____ MM / DD / YYYY</p> <p>District _____ When _____ Case number _____ MM / DD / YYYY</p>			
<p>10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?</p> <p>List all cases. If more than 1, attach a separate list.</p>			
<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Debtor _____ Relationship _____ District _____ When _____ MM / DD / YYYY</p> <p>Case number, if known _____</p>			

Debtor	Crate Holdings LLC Name _____	Case number (if known) _____
<p>11. Why is the case filed in this district? Check all that apply:</p> <p><input checked="" type="checkbox"/> Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.</p> <p><input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.</p>		

<p>12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.</p>	<p>Why does the property need immediate attention? (Check all that apply.)</p> <p><input type="checkbox"/> It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? _____</p> <p><input type="checkbox"/> It needs to be physically secured or protected from the weather.</p> <p><input type="checkbox"/> It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).</p> <p><input type="checkbox"/> Other _____</p>
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Where is the property? _____
Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?
 No
 Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

<p>13. Debtor's estimation of available funds</p> <p>Check one:</p> <p><input checked="" type="checkbox"/> Funds will be available for distribution to unsecured creditors.</p> <p><input type="checkbox"/> After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.</p>			
<p>14. Estimated number of creditors</p> <p><input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999</p>	<p><input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000</p>	<p><input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000</p>	
<p>15. Estimated assets</p> <p><input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input checked="" type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million</p>	<p><input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million</p>	<p><input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion</p>	

Debtor	Crate Holdings LLC Name		Case number (if known)
16. Estimated liabilities	<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
	<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
	<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
	<input checked="" type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/29/2024
MM / DD / YYYY

/s/ Michael A. Corcoran

Signature of authorized representative of debtor

Michael A. Corcoran

Printed name

Title Owner

18. Signature of attorney

/s/ Christine E. Brimm

Signature of attorney for debtor

Date 01/29/2024

MM / DD / YYYY

Christine E. Brimm

Printed name

Barton Brimm, PA

Firm name

1500 Highway 17 Business North Suite 214

Number Street

Surfside Beach

City

SC 29575

State ZIP Code

8032566582

Contact phone

cbrimm@bartonbrimm.com

Email address

SC 6569 / FED 6313

Bar number

SC

State

**RESOLUTION OF MEMBERS
OF
CRATE HOLDINGS LLC**

Whereas, it is in the best interest of this limited liability company to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that Michael A. Corcoran, 100% Member/Owner of this limited liability company, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the company; and

Be It Further Resolved, that Michael A. Corcoran, 100% Member/Owner of this limited liability company is authorized and directed to appear in all bankruptcy proceedings on behalf of the company, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the company in connection with such bankruptcy case; and

Be It Further Resolved, that Michael A. Corcoran, 100% Member/Owner of this limited liability company, is authorized and directed to employ Christine E. Brimm, attorney and the law firm of Barton Brimm, PA to represent the company in such bankruptcy case.

Date: 1/29/2024

Signed: 
Michael A. Corcoran

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN RE:

Crate Holdings LLC,

Debtor.

Case # 24-

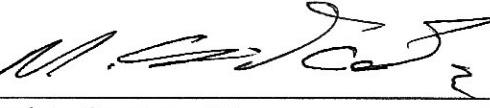
Chapter 11

DECLARATION OF MICHAEL A. CORCORAN

I, Michael A. Corcoran, declare under penalty of perjury as follows:

I declare under penalty of perjury that no Balance Sheet or Profit & Loss Statement have been prepared for Crate Holdings LLC, other than what is included in Schedule C to my personal 2021 tax returns, which is being filed with the Petition.

CRATE HOLDINGS LLC

By: 
Michael A. Corcoran, Manager

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN RE:

Crate Holdings LLC,

Debtor.

:
)
)

Case # 24-_____

Chapter 11

CORPORATE OWNERSHIP STATEMENT

Pursuant to Fed. R. Bankr. P. 7007.1, Crate Holdings LLC discloses that the following corporation owns 100% or more of any class of the corporation's equity interests:

None

Dated: 1/26/2024

CRATE HOLDINGS LLC

By: 
Michael A. Corcoran

**SCHEDULE C
(Form 1040)**Department of the Treasury
Internal Revenue Service (90)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2021Attachment
Sequence No. 09

- Go to www.irs.gov/ScheduleC for instructions and the latest information.
 ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor	Social security number (SSN) [REDACTED]	
MICHAELA CORCORAN		
A Principal business or profession, including product or service (see instructions)	B Enter code from instructions ► 454110	
SALES		
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) ► 504 COVEWOOD CT	SC	29568
City, town or post office, state, and ZIP code LONGS		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses.	<input type="checkbox"/>	
H If you started or acquired this business during 2021, check here.	<input type="checkbox"/>	
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
J If "Yes," did you or will you file required Form(s) 1099?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked.	► <input type="checkbox"/>	1	1,263,394
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	1,263,394
4 Cost of goods sold (from line 42)		4	937,044
5 Gross profit. Subtract line 4 from line 3		5	326,350
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6	► <input type="checkbox"/>	7	326,350

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	18 Office expense (see instructions)	18
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19
10 Commissions and fees	10	20 Rent or lease (see instructions):	
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a
12 Depletion	12	b Other business property	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	15	23 Taxes and licenses	23
16 Interest (see instructions):		24 Travel and meals:	
a Mortgage (paid to banks, etc.)	16a	a Travel	24a
b Other	16b	b Deductible meals (see instructions)	24b
17 Legal and professional services	17	25 Utilities	25
28 Total expenses before expenses for business use of home. Add lines 8 through 27a		26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7		27a Other expenses (from line 48)	27a
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.		b Reserved for future use	27b

Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.

31 Net profit or (loss). Subtract line 30 from line 29.

- If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity. See Instructions.

- If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3.

- If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a All investment is at risk.32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35	15,000	
36 Purchases less cost of items withdrawn for personal use	36	956,542	
37 Cost of labor. Do not include any amounts paid to yourself	37		
38 Materials and supplies	38	2,502	
39 Other costs	39		
40 Add lines 35 through 39	40	974,044	
41 Inventory at end of year	41	37,000	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	937,044	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year)	►	1/1/2021		
44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:				
a Business	3,601	b Commuting (see instructions)	c Other	10,636
45 Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
46 Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
47a Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
b If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

EDUCATION EXPENSES	6,638
BANK CHARGES	4,609
48 Total other expenses. Enter here and on line 27a	48 11,247

**SCHEDULE SE
(Form 1040)****Self-Employment Tax**

OMB No. 1545-0074

2021Attachment
Sequence No. 17Department of the Treasury
Internal Revenue Service (99)

- Go to www.irs.gov/ScheduleSE for instructions and the latest information.
 ► Attach to Form 1040, 1040-SR, or 1040-NR.

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

MICHAEL A CORCORAN

Social security number of person
with self-employment income ► [REDACTED]**Part I Self-Employment Tax**

Note: If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.

- A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I. □ ►

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

- 1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A.

1a [REDACTED]

- b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH.

1b ([REDACTED])

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

- 2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order.

2 191,568

- 3 Combine lines 1a, 1b, and 2.

3 191,568

- 4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3. Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

4a 176,913

- b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here.

4b 0

- c Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue.

4c 176,913

- 5a Enter your church employee income from Form W-2. See instructions for definition of church employee income.

5a [REDACTED]

- b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

5b 0

- 6 Add lines 4c and 5b.

6 176,913

- 7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021.

7 142,800

- 8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines 8b through 10, and go to line 11.

8a [REDACTED]

- b Unreported tips subject to social security tax from Form 4137, line 10.

8b [REDACTED]

- c Wages subject to social security tax from Form 8919, line 10.

8c [REDACTED]

- d Add lines 8a, 8b, and 8c.

8d 0

- 9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11.

9 142,800

- 10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124).

10 17,707

- 11 Multiply line 6 by 2.9% (0.029).

11 5,130

- 12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4.

12 22,837

- 13 Deduction for one-half of self-employment tax.

Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15.

13 [REDACTED]

11,419

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$8,820, or (b) your net farm profits² were less than \$6,367.

14 5,880

- 14 Maximum income for optional methods.

15 [REDACTED]

- 15 Enter the smaller of two-thirds (2/3) of gross farm income¹ (not less than zero) or \$5,880. Also include this amount on line 4b above.

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$6,367 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.

16 0

- 16 Subtract line 15 from line 14.

17 [REDACTED]

- 17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above.

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.² From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.³ From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A minus the amount you would have entered on line 1b had you not used the optional method.⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2021Department of the Treasury
Internal Revenue Service

Name(s) shown on return

MICHAEL A CORCORAN

- Attach to your tax return.
► Go to www.irs.gov/Form8995 for instructions and the latest information.

Attachment
Sequence No. **55**

Your taxpayer identification number

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Sch C: 01		180,149
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v. column (c)	180,149	5	36,030
3	Qualified business net (loss) carryforward from the prior year	(0)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	180,149		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	0		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	(0)		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	36,030	10	36,030
11	Taxable income before qualified business income deduction (see instructions)	164,599		
12	Net capital gain (see instructions)	0		
13	Subtract line 12 from line 11. If zero or less, enter -0-	164,599		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	32,920
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15	32,920
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17	(0)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995 (2021)**

HTA

Monthly Financial Projections for Crate Holdings LLC

Periods: February 2024 to July 2024

		February	March	April	May	June	July	
		157500	157500	157500	157500	157500	157500	157500
	Projected Sales							
	<i>COGS</i>							
	Inventory Purchases	121023	121023	121023	121023	121023	121023	121023
	Gross Profit	36477	36477	36477	36477	36477	36477	36477
2022 Sales	\$1,379,519.00							
2023 Sales	\$2,405,063.00							
	<i>Operating Expenses</i>							
	Labor	2600	2600	2600	2600	2600	2600	2600
	Payroll Taxes	398	398	398	398	398	398	398
	Rent	800	800	800	800	800	800	800
	Trustee Fees	500	500	500	500	500	500	500
	Legal Fees	2500	2500	2500	2500	2500	2500	2500
	Office Expenses	90	90	90	90	90	90	90
	PMT to Mid Atlantic Ammo	12000	12000	12000	12000	12000	12000	12000
	Reserve, Growth, & Inventory	2500	2500	2500	2500	2500	2500	2500
	Adequate Protection	5000	5000	5000	5000	5000	5000	5000
	Insurance	603	603	603	603	603	603	603
	Advertising	1520	1520	1520	1520	1520	1520	1520
	Monthly Owners Draw	7500	7500	7500	7500	7500	7500	7500
	Total Expenses	36011	36011	36011	36011	36011	36011	36011
	Net Business Income	466	466	466	466	466	466	466

Fill in this information to identify the case:

Debtor name	Crate Holdings LLC
United States Bankruptcy Court for the:	District of South Carolina
Case number (If known):	(State)

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*

\$ 343,141.94

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$ 343,141.94

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 185,700.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*

\$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+\$ 363,309.27

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 549,009.27

Fill in this information to identify the case:

Debtor name Crate Holdings LLC

United States Bankruptcy Court for the: District of South Carolina

Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Graf and Sons, Inc. 4050 S Clark Street Mexico, MO, 65265						65,000.00
2	Chattanooga Shooting Supplies 2600 Walker Road Chattanooga, TN, 37421						59,000.00
3	Mid Atlantic Ammo 3298 Heavenly Cause Court Mount Airy, MD, 21771						57,000.00
4	American Express P.O. Box 981535 El Paso, TX, 79998		Credit Card Debt				35,974.00
5	Norma Precision 137 Prosperity Drive Suite 100 Garden City, GA, 31408						30,000.00
6	Iron Valley Supply 101 London Parkway Birmingham, AL, 35211						21,000.00
7	Big Rock Sports 148 Sportsman Drive Hamlet, NC, 28345						20,000.00
8	UPS 55 Glenlake Parkway NE Atlanta, GA, 30328						19,974.00

Debtor	Crate Holdings LLC Name	Case number (if known)					
Number	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Nosler , Inc. 107 SW Columbia Street Bend, OR, 97702						17,000.00
10	Hyperion Munitions 8601 Somerset Drive Largo, FL, 33773						11,000.00
11	RSR Group, Inc. 4700 Amon Carter Blvd. Forth Worth, TX, 76155-2207						10,500.00
12	PNC Bank 10267 Beach Drive SW Calabash, NC, 28467		negative balance in accounts prior to closing	Disputed			6,087.27
13	Tactical Gear Distributors 9750 Aberdeen Road Aberdeen, NC, 28315						6,000.00
14	Top Choice Financial, LLC 99 Wall Street New York, NY, 10005						4,774.00
15	United First LLC/GFE Funding 2999 NE 191st Street Unit 901 Miami, FL, 33180						0.00
16	Mini Mall US Storage Properties Master LP, by its GP, Mini Mall Storage Properties US GP Ltd 250-1201 Glenmore Trail SW Calgary, Alberta, AB T2V 4Y8		Rejection of Lease; offset by deposit	Disputed Unliquidated Contingent			0.00
17	SC Department of Revenue P.O. Box 12265 Columbia, SC, 29211-9079		Taxes & Other Government Units				0.00
18							
19							
20							

Fill in this information to identify the case:Debtor name Crate Holdings LLCUnited States Bankruptcy Court for the: District of South Carolina

Case number (if known): _____

 Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest		
2. Cash on hand	\$ 1,500.00		
3. Checking, savings, money market, or financial brokerage accounts (<i>Identify all</i>)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Anderson Brothers Bank	Checking	4 5 0 9	\$ 637.34
3.2. Square Checking	Checking	5 2 4 3	\$ 864.60
4. Other cash equivalents (<i>Identify all</i>)			
4.1. _____	\$ _____		
4.2. _____	\$ _____		
5. Total of Part 1	\$ 3,001.94		

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- No. Go to Part 3.
 Yes. Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

Description, including name of holder of deposit	Current value of debtor's interest
7.1. Mini Mall Storage Properties US - Security Deposit	\$ 1,875.00
7.2. Bungalow Commons, LLC - security deposit	\$ 800.00

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____
 8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 2,675.00

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**

11a. 90 days old or less: _____ - face amount _____ = → \$ _____
 doubtful or uncollectible accounts _____

11b. Over 90 days old: _____ - face amount _____ = → \$ _____
 doubtful or uncollectible accounts _____

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ _____

Part 4: Investments**13. Does the debtor own any investments?** No. Go to Part 5. Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____
 14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____
 15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____
 16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- No. Go to Part 6.
- Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	-------------------------------------	--	---	------------------------------------

19. Raw materials

_____	MM / DD / YYYY	\$ _____	_____	\$ _____
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20. Work in progress

_____	MM / DD / YYYY	\$ _____	_____	\$ _____
-------	----------------	----------	-------	----------

21. Finished goods, including goods held for resale

Finished Goods	01/18/2024 MM / DD / YYYY	239,771.00 \$ _____	Retail	335,000.00 \$ _____
----------------	------------------------------	------------------------	--------	------------------------

22. Other inventory or supplies

_____	MM / DD / YYYY	\$ _____	_____	\$ _____
-------	----------------	----------	-------	----------

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$ 335,000.00

24. Is any of the property listed in Part 5 perishable?

- No
- Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
- Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
- Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- No. Go to Part 7.

- Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

28. Crops—either planted or harvested

_____	\$ _____	_____	\$ _____
-------	----------	-------	----------

29. Farm animals Examples: Livestock, poultry, farm-raised fish

_____	\$ _____	_____	\$ _____
-------	----------	-------	----------

30. Farm machinery and equipment (Other than titled motor vehicles)

_____	\$ _____	_____	\$ _____
-------	----------	-------	----------

31. Farm and fishing supplies, chemicals, and feed

_____	\$ _____	_____	\$ _____
-------	----------	-------	----------

32. Other farming and fishing-related property not already listed in Part 6

_____	\$ _____	_____	\$ _____
-------	----------	-------	----------

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative? No Yes. Is any of the debtor's property stored at the cooperative? No Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \$ _____ Valuation method _____ Current value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?** No Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?** No Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Chairs and Desk	\$ _____		\$ 200.00
40. Office fixtures	\$ _____		\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software See continuation sheet	\$ 0.00		\$ 2,200.00
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____		\$ _____
42.2 _____	\$ _____		\$ _____
42.3 _____	\$ _____		\$ _____
43. Total of Part 7.			\$ 2,400.00

Add lines 39 through 42. Copy the total to line 86.

44. Is a depreciation schedule available for any of the property listed in Part 7? No Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?** No Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---	--	--	---

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

**50. Other machinery, fixtures, and equipment
(excluding farm machinery and equipment)**

\$ _____

\$ _____

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
 Yes

Part 9: Real property**54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 491B Highway 9 East, Longs, SC 29568	Leased	\$ _____	Unknown	\$ _____
55.2 Mini Mall Storage	Leased	\$ _____	0.00	\$ _____
55.3		\$ _____		\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0.00
\$ _____**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
 Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____		\$ _____
61. Internet domain names and websites	\$ _____		\$ 15.00
Website			
62. Licenses, franchises, and royalties	\$ _____		\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____		\$ _____
64. Other intangibles, or intellectual property	\$ _____		\$ 50.00
Logo			
65. Goodwill	\$ _____		\$ _____
66. Total of Part 10.			\$ 65.00 \$ _____

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ - Total face amount → doubtful or uncollectible amount \$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____ Tax year _____
 _____ Tax year _____
 _____ Tax year _____

\$ _____

\$ _____

\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$ _____

\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
 Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 3,001.94	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 2,675.00	
82. Accounts receivable. Copy line 12, Part 3.	\$ 0.00	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 335,000.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 2,400.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 0.00	
88. Real property. Copy line 56, Part 9. →	\$ 0.00	
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 65.00	
90. All other assets. Copy line 78, Part 11.	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 343,141.94	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	343,141.94	\$ 343,141.94

Debtor 1

Crate Holdings LLC

First Name _____

Middle Name _____

Last Name _____

Case number (if known) _____

Continuation Sheet for Official Form 206 A/B

41) Office equipment, including all computer equipment and communication systems equipment and software

General description	Net book value	Valuation method	Current value
Computers, monitors, printers, papers			1,200.00
Ring Security System			1,000.00

Fill in this information to identify the case:

Debtor name	Crate Holdings LLC
United States Bankruptcy Court for the:	District of South Carolina
Case number (If known):	

Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.**2.1 Creditor's name**
CFG Merchant Solutions, LLCDescribe debtor's property that is subject to a lien
future receipts

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	---

\$ 71,500.00	\$ 0.00
--------------	---------

Creditor's mailing address180 Maiden Lane, Suite 1502
New York, NY 10038**Creditor's email address, if known**Describe the lien
UCC Filed 9/20/23

Date debt was incurred _____

Is the creditor an insider or related party?

- No
 Yes

Last 4 digits of account number _____

Is anyone else liable on this claim?

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property? No Yes. Specify each creditor, including this creditor,**As of the petition filing date, the claim is:**

Check all that apply.

- Contingent
 Unliquidated
 Disputed

2.2 Creditor's name
E-Advance Services, LLC

Describe debtor's property that is subject to a lien

Finished Goods

\$ 30,000.00	\$ 335,000.00
--------------	---------------

Creditor's mailing address80 State Street
Albany, NY 12207-2543**Creditor's email address, if known**

Describe the lien

UCC Filed 9/22/23

Date debt was incurred _____

Is the creditor an insider or related party?

Last 4 digits of account number _____

- No
 Yes

Do multiple creditors have an interest in the same property? No Yes. Have you already specified the relative priority? No. Specify each creditor, including this creditor, and its relative priority.E-Advance Services, LLC, 1st;
LEE Advance LLC, 1st; Onramp Yes. The relative priority of creditors is specified on lines _____**As of the petition filing date, the claim is:**

Check all that apply.

- Contingent
 Unliquidated
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 185,700.00

Part 1: Additional Page	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		
2.3 Creditor's name LEE Advance LLC	Describe debtor's property that is subject to a lien	
Creditor's mailing address 325 Division Avenue Suite 201, Brooklyn, NY 11211	Finished Goods	\$20,000.00 \$335,000.00
Creditor's email address, if known		
Date debt was incurred _____ Last 4 digits of account number _____	Describe the lien	
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
2.4 Creditor's name Onramp Funds, Inc.	Describe debtor's property that is subject to a lien	
Creditor's mailing address 1705 S. Capital of Texas Highway #500, Austin, NY 78746	Finished Goods	\$16,000.00 \$335,000.00
Creditor's email address, if known		
Date debt was incurred _____ Last 4 digits of account number _____	Describe the lien	
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.5 Creditor's name
Quickbridge Funding LLC

Describe debtor's property that is subject to a lien

Finished Goods

\$48,200.00 \$335,000.00

Creditor's mailing address

410 Exchange
Irvine, CA 92602

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

2. Creditor's name

Describe debtor's property that is subject to a lien

\$ _____ \$ _____

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Debtor

Crate Holdings LLC

Case number (*if known*)

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Fill in this information to identify the case:

Debtor	Crate Holdings LLC
United States Bankruptcy Court for the:	District of South Carolina
Case number (If known)	

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address SC Department of Revenue P.O. Box 12265 Columbia, SC, 29211-9079	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,432.00
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
2.2 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____	Basis for the claim:	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()		
2.3 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____	Basis for the claim:	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim
3.1 Nonpriority creditor's name and mailing address American Express P.O. Box 981535 El Paso, TX, 79998	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt
	\$ 35,974.00
3.2 Nonpriority creditor's name and mailing address Big Rock Sports 148 Sportsman Drive Hamlet, NC, 28345	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim:
	\$ 20,000.00
3.3 Nonpriority creditor's name and mailing address Chattanooga Shooting Supplies 2600 Walker Road Chattanooga, TN, 37421	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim:
	\$ 59,000.00
3.4 Nonpriority creditor's name and mailing address Graf and Sons, Inc. 4050 S Clark Street Mexico, MO, 65265	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim:
	\$ 65,000.00
3.5 Nonpriority creditor's name and mailing address Hyperion Munitions 8601 Somerset Drive Largo, FL, 33773	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim:
	\$ 11,000.00
3.6 Nonpriority creditor's name and mailing address Iron Valley Supply 101 London Parkway Birmingham, AL, 35211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim:
	\$ 21,000.00
Date or dates debt was incurred	Is the claim subject to offset?
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred	Is the claim subject to offset?
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred	Is the claim subject to offset?
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred	Is the claim subject to offset?
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred	Is the claim subject to offset?
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷ Nonpriority creditor's name and mailing address Mid Atlantic Ammo 3298 Heavenly Cause Court Mount Airy, MD, 21771	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 57,000.00
Basis for the claim:		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. ⁸ Nonpriority creditor's name and mailing address Mini Mall US Storage Properties Master LP, by its GP, Mini Mall Storage Properties US GP Ltd 250-1201 Glenmore Trail SW Calgary, Alberta, AB T2V 4Y8	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Unknown
Basis for the claim: Rejection of Lease; offset by deposit		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3. ⁹ Nonpriority creditor's name and mailing address Norma Precision 137 Prosperity Drive Suite 100 Garden City, GA, 31408	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 30,000.00
Basis for the claim:		
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁰ Nonpriority creditor's name and mailing address Nosler , Inc. 107 SW Columbia Street Bend, OR, 97702	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 17,000.00
Basis for the claim:		
Date or dates debt was incurred _____ Last 4 digits of account number 1339	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹¹ Nonpriority creditor's name and mailing address PNC Bank 10267 Beach Drive SW Calabash, NC, 28467	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 6,087.27
Basis for the claim: negative balance in accounts prior to closing		
Date or dates debt was incurred _____ Last 4 digits of account number 2006	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹²	Nonpriority creditor's name and mailing address RSR Group, Inc. 4700 Amon Carter Blvd. Forth Worth, TX, 76155-2207	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 10,500.00
		Basis for the claim:	
<p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number 4020</p>			
3. ¹³	Nonpriority creditor's name and mailing address Tactical Gear Distributors 9750 Aberdeen Road Aberdeen, NC, 28315	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,000.00
		Basis for the claim:	
<p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>			
3. ¹⁴	Nonpriority creditor's name and mailing address Top Choice Financial, LLC 99 Wall Street New York, NY, 10005	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,774.00
		Basis for the claim:	
<p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>			
3. ¹⁵	Nonpriority creditor's name and mailing address United First LLC/GFE Funding 2999 NE 191st Street Unit 901 Miami, FL, 33180	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
		Basis for the claim:	
<p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>			
3. ¹⁶	Nonpriority creditor's name and mailing address UPS 55 Glenlake Parkway NE Atlanta, GA, 30328	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 19,974.00
		Basis for the claim:	
<p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number Y09F</p>			

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Atlas Receivables Management 2121 Airline Drive, Suite 520 Metairie, LA, 70001	Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain: _____	
4.2.	Towner and Kohler Law Firm 333 N. Wilmot Road, Suite 340 Tucson, AZ, 85711	Line <u>3.6</u> <input type="checkbox"/> Not listed. Explain _____	
4.3.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.4.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.5.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.6.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.7.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.8.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.9.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.10.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

		Total of claim amounts
5a.	Total claims from Part 1	5a. \$ <u>0.00</u>
5b.	Total claims from Part 2	5b. + \$ <u>363,309.27</u>
5c.	Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <u>363,309.27</u>

Fill in this information to identify the case:

Debtor name Crate Holdings LLC
United States Bankruptcy Court for the: District of South Carolina
Case number (If known): _____ Chapter 11

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1	State what the contract or lease is for and the nature of the debtor's interest Lease - Warehouse Lessee State the term remaining 05/31/2024 List the contract number of any government contract	Mini Mall Storage Properties US 250-1201 Glenmore Trail SW Calgary, Alberta, T2V 4Y8
2.2	State what the contract or lease is for and the nature of the debtor's interest Lease - Retail Store Lessee State the term remaining 07/31/2024 List the contract number of any government contract	Bungalow Commons LLC 138 Cox Lane Longs, SC, 29568
2.3	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	
2.4	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	
2.5	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	

Fill in this information to identify the case:

Debtor name Crate Holdings LLCUnited States Bankruptcy Court for the: District of South Carolina

Case number (if known): _____

 Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	Check all schedules that apply:
Name	Mailing address	Name	
2.1 Michael A. Corcoran	208 Seasons Trace Loop Longs, SC 29568	CFG Merchant Solutions,	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Michael A. Corcoran	208 Seasons Trace Loop Longs, SC 29568	Quickbridge Funding LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Michael A. Corcoran	208 Seasons Trace Loop Longs, SC 29568	E-Advance Services, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Michael A. Corcoran	208 Seasons Trace Loop Longs, SC 29568	Onramp Funds, Inc.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Michael A. Corcoran	208 Seasons Trace Loop Longs, SC 29568	Chattanooga Shooting Sup	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.6 Michael A. Corcoran	208 Seasons Trace Loop Longs, SC 29568	Top Choice Financial, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor
Name	Mailing address	Name
2.7 Michael A. Corcoran	208 Seasons Trace Loop Longs, SC 29568	LEE Advance LLC
2._____		<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case and this filing:

Debtor Name	Crate Holdings LLC
United States Bankruptcy Court for the:	District of South Carolina
Case number (If known):	_____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/29/2024
MM / DD / YYYY

 /s/ Michael A. Corcoran

Signature of individual signing on behalf of debtor

Michael A. Corcoran

Printed name

Owner

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name	Crate Holdings LLC
United States Bankruptcy Court for the:	District of South Carolina
Case number (If known):	_____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>MM / DD / YYYY</u>	to <u>Filing date</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>33,954.00</u>
For prior year:	From <u>01/01/2023</u> <u>MM / DD / YYYY</u>	to <u>12/31/2023</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>2,405,063.00</u>
For the year before that:	From <u>01/01/2022</u> <u>MM / DD / YYYY</u>	to <u>12/31/2023</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>1,379,519.00</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>MM / DD / YYYY</u>	to <u>Filing date</u>		\$ _____
For prior year:	From <u>MM / DD / YYYY</u>	to <u>MM / DD / YYYY</u>		\$ _____
For the year before that:	From <u>MM / DD / YYYY</u>	to <u>MM / DD / YYYY</u>		\$ _____

Debtor Crate Holdings LLC
Name _____ Case number (if known) _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/23 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. E-Advance Services, LLC Creditor's name 80 State Street Albany, NY 12207-2543	10/24/2023 thru 10/27/2023 10/30/2023 thru 11/3/2023 11/6/2023 thru 11/10/2023 11/13/2023 thru 11/17/2023 11/20/2023 thru 11/24/2023	\$ 24,375.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. CFG Merchant Solutions, LLC Creditor's name 180 Maiden Lane, Suite 1502 New York, NY 10038	11/1/2023 11/8/2023 11/15/2023 11/22/2023 10/25/2023	\$ 41,970.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Michael A. Corcoran Insider's name 208 Seasons Trace Loop Longs, SC 29568	_____	\$ Unknown	will amend to supplement; some personal expenses paid by business and treated as owner compensation.

Relationship to debtor

owner/member _____

4.2. Insider's name	_____	\$ _____

Relationship to debtor

Debtor _____ Case number (if known) _____
Crate Holdings LLC
Name _____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name _____	_____	_____	\$ _____

5.2.

Creditor's name _____ \$ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name _____	_____	_____	\$ _____

Last 4 digits of account number: XXXX- _____

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Case number _____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

7.2.

Case title	Court or agency's name and address	Pending
Case number _____	_____	<input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor Crate Holdings LLC
Name _____

Case number (if known) _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	_____
Case number		Name
_____	_____	_____
Date of order or assignment		_____
_____	_____	_____

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name	_____	_____	\$ _____
	_____	_____	\$ _____

Recipient's relationship to debtor

9.1. Recipient's name	_____	\$ _____
	_____	\$ _____

Recipient's relationship to debtor

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.	_____	_____	_____
List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	_____	_____	\$ _____

Debtor _____ Case number (if known) _____
 Crate Holdings LLC
 Name

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Barton Brimm, PA _____ Address P.O. Box 14805 Myrtle Beach, SC 29587	\$10,000.00 was paid for pre-petition fees and expenses, including the filing fee, and there remains a pre-petition balance of \$1,293.00.	01/17/2024	\$ 10,000.00
11.2.	_____	_____	_____	\$ _____

Email or website address

Who made the payment, if not debtor?

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	_____	_____	_____	\$ _____

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____	_____	_____	\$ _____
Trustee _____	_____	_____	\$ _____

Debtor _____ Case number (if known) _____
Crate Holdings LLC
Name

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
------------------------	--	------------------------	-----------------------

13.1. _____ \$ _____

Address

Relationship to debtor

Who received transfer?

_____ \$ _____

13.2. _____

Address

Relationship to debtor

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

	Address	Dates of occupancy
14.1.	504 Covewood Court Longs, SC 29568	From 08/01/2021 To 09/17/2022
14.2.	37544 Janice Circle Selbyville, DE 19975	From 11/11/2020 To 07/31/2021

Debtor _____ Case number (if known) _____
 Crate Holdings LLC
 Name _____

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1.

Facility name _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- Electronically
- Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2.

Facility name _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- Electronically
- Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

No.

Yes. State the nature of the information collected and retained. State issued ID's in IL; NJ, CT, and MA _____

Does the debtor have a privacy policy about that information?

- No
- Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

- No. Go to Part 10.
- Yes. Fill in below:

Name of plan _____

Employer identification number of the plan _____

EIN: _____

Has the plan been terminated?

- No
- Yes

Debtor _____ Case number (if known) _____
 Crate Holdings LLC
 Name _____

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	PNC Bank (-\$1,906.25) Name 10267 Beach Drive SW Calabash, NC 28467	XXXX-6493	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	01/02/2024	\$ 0.00
18.2.	PNC Bank (-\$4,181.02) Name 10267 Beach Drive SW Calabash, NC 28467	XXXX-2006	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	01/02/2024	\$ 0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____	Address _____	_____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____	Address _____	_____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor _____ Case number (if known) _____
Crate Holdings LLC
Name _____

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____			\$ _____

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____	Name _____		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____		_____

Debtor Crate Holdings LLC
Name _____

Case number (if known) _____

24. Has the debtor notified any governmental unit of any release of hazardous material?

- No
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name and address Name _____	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
---	-------------------------------------	---

Business name and address Name _____	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
---	-------------------------------------	---

Business name and address Name _____	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
---	-------------------------------------	---

Debtor _____ Case number (if known) _____
Crate Holdings LLC
Name

26. Books, records, and financial statements

- 26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address

Dates of service

26a.1. _____
Name _____

From _____

To _____

Name and address

Dates of service

26a.2. _____
Name _____

From _____

To _____

- 26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address

Dates of service

26b.1. _____
Name _____

From _____

To _____

Name and address

Dates of service

26b.2. _____
Name _____

From _____

To _____

- 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address

If any books of account and records are unavailable, explain why

26c.1. Michael A. Corcoran
Name _____
208 Seasons Trace Loop, Longs, SC 29568

Debtor _____ Case number (if known) _____
Name _____

Name and address

If any books of account and records are
unavailable, explain why

26c.2.

Name _____

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

26d.1.

Name _____

Name and address

26d.2.

Name _____

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

Name and address of the person who has possession of inventory records

\$ _____

27.1.

Name _____

Debtor Crate Holdings LLC
Name _____ Case number (if known) _____

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

Name and address of the person who has possession of inventory records
--

27.2.

Name

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Michael A. Corcoran	208 Seasons Trace Loop, Longs, SC 29568	Managing Member	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Michael A. Corcoran Name 208 Seasons Trace Loop Longs, SC 29568	0.00	_____	TBD; owner compensation; will be amended to supplement.
		_____	_____
		_____	_____

Relationship to debtor

Debtor _____ Case number (if known) _____
Name _____

Name and address of recipient

30.2

Name _____

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
 Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
 Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/29/2024
MM / DD / YYYY

 /s/ Michael A. Corcoran

Printed name Michael A. Corcoran

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Owner

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
 Yes

Continuation Sheet for Official Form 207**3) Certain payments or transfers to creditors within 90 days before filing this case**

Onramp Funds, Inc., 1705 S. Capital of Texas Highway #500, Austin, NY 78746	\$26,767.88	Secured debt
Chattanooga Shooting Supplies, 2600 Walker Road, Chattanooga, TN 37421	\$8,225.07	
Big Rock Sports, 148 Sportsman Drive, Hamlet, NC 28345	\$11,327.21	
Mid Atlantic Ammo, 3298 Heavenly Cause Court, Mount Airy, MD 21771	\$30,000.00	
Quickbridge Funding LLC, 410 Exchange, Irvine, CA 92602	\$38,911.74	Secured debt
Top Choice Financial, LLC, 99 Wall Street, New York, NY 10005	\$9,368.76	
LEE Advance LLC, 325 Division Avenue Suite 201, Brooklyn, NY 11211	\$28,138.00	Secured debt
UPS, 55 Glenlake Parkway NE, Atlanta, GA 30328	\$14,111.34	
United First LLC/GFE Funding, 2999 NE 191st Street Unit 901, Miami, FL 33180	\$18,406.73	

14) Previous Locations

1140 SC9 W, Longs, SC 29568	9/17/2022	5/9/2023
1531 Absco Drive #U-2, Longs, SC 29568	5/10/2023	01/25/2023

United States Bankruptcy Court
District of South Carolina

In re: Crate Holdings LLC

Case No.

Debtor(s)

Chapter 11

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 01/29/2024

/s/ Michael A. Corcoran

Signature of Individual signing on behalf of debtor

Owner

Position or relationship to debtor

American Express
P.O. Box 981535
El Paso, TX 79998

Atlus Receivables Management
2121 Airline Drive, Suite 520
Metairie, LA 70001

Big Rock Sports
148 Sportsman Drive
Hamlet, NC 28345

Bungalow Commons LLC
138 Cox Lane
Longs, SC 29568

CFG Merchant Solutions, LLC
180 Maiden Lane, Suite 1502
New York, NY 10038

Chattanooga Shooting Supplies
2600 Walker Road
Chattanooga, TN 37421

E-Advance Services, LLC
80 State Street
Albany, NY 12207-2543

Graf and Sons, Inc.
4050 S Clark Street
Mexico, MO 65265

Hyperion Munitions
8601 Somerset Drive
Largo, FL 33773

Internal Revenue Service
Centralized Insolvency Operation
P.O. Box 7346
Philadelphia, PA 19101

Iron Valley Supply
101 London Parkway
Birmingham, AL 35211

LEE Advance LLC
325 Division Avenue
Suite 201
Brooklyn, NY 11211

Michael A. Corcoran
208 Seasons Trace Loop
Longs, SC 29568

Mid Atlantic Ammo
3298 Heavenly Cause Court
Mount Airy, MD 21771

Mini Mall Storage Properties US
250-1201 Glenmore Trail SW
Calgary, Alberta, T2V 4Y8,

Mini Mall US Storage Properties Master
LP, by its GP, Mini Mall Storage Propert
250-1201 Glenmore Trail SW
Calgary, Alberta, AB T2V 4Y8,

Norma Precision
137 Prosperity Drive
Suite 100
Garden City, GA 31408

Nosler , Inc.
107 SW Columbia Street
Bend, OR 97702

Onramp Funds, Inc.
1705 S. Capital of Texas Highway
Austin, NY 78746

PNC Bank
10267 Beach Drive SW
Calabash, NC 28467

Quickbridge Funding LLC
410 Exchange
Irvine, CA 92602

RSR Group, Inc.
4700 Amon Carter Blvd.
Forth Worth, TX 76155-2207

SC Department of Revenue
P.O. Box 12265
Columbia, SC 29211-9079

SC Department of Workforce
1550 Gadsden Street
Columbia, SC 29202

Tactical Gear Distributors
9750 Aberdeen Road
Aberdeen, NC 28315

Top Choice Financial, LLC
99 Wall Street
New York, NY 10005

Towner and Kohler Law Firm
333 N. Wilmot Road, Suite 340
Tucson, AZ 85711

United First LLC/GFE Funding
2999 NE 191st Street
Unit 901
Miami, FL 33180

UPS
55 Glenlake Parkway NE
Atlanta, GA 30328

United States Bankruptcy Court

District of South Carolina

In re Crate Holdings LLC

Case No. _____

Debtor

Chapter ¹¹ _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

- Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

For legal services, I have agreed to accept \$
Prior to the filing of this statement I have received \$
Balance Due. \$

RETAINER

For legal services, I have agreed to accept a retainer of \$ ^{10,000.00}
The undersigned shall bill against the retainer at an hourly rate of \$ ^{400.00}
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

- The source of the compensation paid to me was:

Debtor Other (specify)

- The source of compensation to be paid to me is:

Debtor Other (specify)

- I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

- In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]
See Retainer Agreement

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
See Retainer Agreement

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/29/2024

/s/ Christine E. Brimm, SC 6569 / FED 6313

Date

Signature of Attorney

Barton Brimm, PA

Name of law firm
1500 Highway 17 Business North
Suite 214
Surfside Beach, SC 29575

**ATTACHMENT TO DISCLOSURE OF COMPENSATION OF ATTORNEY FOR
DEBTOR**

Retainer Amount \$10,000.00

Amount applied to Pre-Petition fees -\$8,167.00

Amount applied for filing Fee -\$1,738.00

Amount applied for UCC Retrievals -\$95.00

RETAINER BALANCE \$0

Pre-petition balance owed \$1,293.00

CHRISTINE E. BRIMM
Certified Specialist in Bankruptcy
and Debtor-Creditor Law

cbrimm@bartonbrimm.com



P.O. Box 14805
Myrtle Beach, SC 29587
(803) 256-6582
www.bartonbrimm.com

BARBARA GEORGE BARTON
Retired

December 8, 2023

Crate Holdings, LLC
c/o Mike Corcoran
1531 Absco Drive, Unit U-2
Longs, SC 29568
VIA E-MAIL mike@crateholdingsammo.com

RE: Agreement for Legal Services

Dear Mr. Corcoran:

This confirms the agreement between Crate Holdings, LLC (the "Company" or "You") and Barton Brimm, PA (the "Firm"), pursuant to which the Firm has agreed to represent the Company. Representation pursuant to this agreement expressly does not include any representation of any individual or affiliated company, but only the Company in its corporate capacity. This representation will involve advice and counseling concerning the Company's financial matters and will also involve the filing of a Chapter 11 bankruptcy.

Representation will commence with payment to the Firm of an initial retainer in the amount of \$10,000.00. The Retainer is for legal services only and does not include the Chapter 11 filing fee of \$1,738.00 to be paid to the Bankruptcy Court, or any additional fees which may arise during the course of the bankruptcy. The Firm may request that the retainer be replenished from time to time, as needed, and You agree to provide such additional retainer amounts as may be requested. The Firm shall send an informational invoice to You including a detailed daily description of its time, charges and reimbursable expenses by the fifteenth (15th) day of each month for services performed and expenses incurred during the preceding calendar month. The Firm shall charge against its Retainer the invoice amount on the date each invoice is sent or, after a bankruptcy is filed on your behalf, only upon approval by the Bankruptcy Court. Fees shall be charged for the time expended by attorney Christine Brimm at the rate of \$400.00 per hour and by paralegal Connie Fraser at the rate of \$150.00 per hour. Time expended on this representation by other attorneys or legal assistants will be charged at the normal and customary hourly rates applicable to each attorney or legal assistant working on these matters as charged by the Firm to its non-bank, corporate and commercial clients. If the Firm increases its hourly rates at any time during the course of this representation, the higher rate shall be deemed substituted for the initial rates described in this agreement.

The expenses chargeable against the retainer may include, among other items, filing fees, deposition expenses, expert witness fees, subpoena and service of process fees, cost of transcripts, document production and reproducing costs, charges for toll and parking, mailing costs, expedited mail or delivery services, fax and telecopier expenses, messenger services, and the cost involved in hiring accountants,

Crate Holdings, LLC
Page 2
December 8, 2023

actuaries or appraisers if necessary. You agree that, to the extent the retainer is insufficient to pay the amount incurred in fees and expenses, You will pay all additional amounts as incurred.

You acknowledge that the Retainer does not represent a fixed amount for the legal representation, but is instead a security retainer. You will be billed at the hourly rate for all time incurred in this matter.

You agree that You will perform fully and conscientiously all of the statutory duties of the debtor under the Bankruptcy Code, and that You will timely comply with all reasonable requests for information or reports requested by the Firm, by the subchapter V trustee and by the United States Trustee. These duties include gathering and reviewing all of the information necessary for filing a complete and accurate list of all of Your creditors, by complete name and address, in the form for a matrix required by the Bankruptcy Court, a schedule of Your executory contracts and unexpired leases, the statement of Your financial affairs, and the statement of Your current income and expenses. You acknowledge that bankruptcy forms are required to be completed with the foregoing information, and further acknowledge that to the extent that the Firm has to redraft or assign its personnel to complete these forms for You, the fees for the Firm's services will be substantially increased beyond the initial Retainer amount.

You acknowledge that Subchapter V Debtors are required to deposit \$1,000.00 with counsel when the case is filed, to be applied toward the fees of the Subchapter V Trustee appointed to the case, and that all fees of the Subchapter V Trustee will need to be paid in the case.

Representation pursuant to this agreement does not include representation in the following matters, which are hereby expressly excluded. In the event that You desire the Firm to represent You in the following matters, should they arise, a separate written retainer agreement will be necessary.

1. Adversary proceedings;
2. Appeals;
3. Matters involving material facts not disclosed at the time of this Retainer Agreement; and
4. Any other matters or litigation not described herein.

Yours Very Truly,

BARTON BRIMM, PA


Christine E. Brimm

RETAINER AGREEMENT AGREED AND ACCEPTED:

CRATE HOLDINGS, LLC

BARTON BRIMM, PA


Mike Corcoran, Owner

Date

1/17/2024

Christine E. Brimm

Date